

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 1956

State File No. 14351

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 125			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1610 Wilmes				e. STREET ADDRESS (If rural, give location) 1610 Wilmes					
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD			b. (Middle) L		c. (Last) MOUND		4. DATE OF DEATH (Month) (Day) (Year) April 27, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 8, 1886		9. AGE (In years last birthday) 69 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 WKS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Mound			13b. MOTHER'S MAIDEN NAME Emelie Tiedeman			14. NAME OF HUSBAND OR WIFE Alma Sudbrock Mound			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma Mound, St. Charles, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca of Prostate DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. arterio Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 1 yr. 2 yrs. 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-19-56 , to 4-27-56 , that I last saw the deceased alive on 4-18-56 , and that death occurred at 4A m. , from the causes and on the date stated above.									
23a. SIGNATURE Emelie M.D. (Degree or title)				23b. ADDRESS St. Charles, Mo			23c. DATE SIGNED April 28 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 29, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemet.		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.			
DATE REC'D BY LOCAL REG. April 30 1956				REGISTRAR'S SIGNATURE Fannie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Bane, St. Charles, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Flora M. Bill*.....
Licensed Embalmer No. *437*.....
P. O. Address *St. Charles*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.